

## **WARNING**

**Country clearance requests that are not in compliance with attached procedures will not be processed.**

**Country clearance requests that are submitted with incomplete documents will not be processed.**

**Country clearance requests that do not meet the required lead-time will not be processed.**

**Country clearance requests will not be processed, if they are not coordinated through a POC at the installation being visited.**

**The certificate of insurance must remain a one-page document.**

# Country Clearance Requirements for Employees and other Civilian Personnel

## 1. Insurance Requirements:

(1) All contractors and other personnel not covered under the SOFA Agreement that are travelling to Spain to conduct official business with U.S. forces must have civil liability insurance as specified under Annex 6 of the Agreement of Defense Cooperation between the United States of America and the Kingdom of Spain (ADC), before they can obtain country clearance(s) for their employees, regardless of whether their employees will be designated contractor employees, “tech reps,” or employees of non-Spanish and non-commercial organizations. This insurance must be issued by a company authorized to conduct this type of business in Spain and may not contain any deductible or similar limitation. The minimum required coverage of said insurance is as follows:

### Type of Insurance

Personnel Liability (Per Injured Party)	90,151.82 Euros
Property Damage (Per Occurrence)	60,101.21 Euros
Security Deposit (Judiciary Bond to cover court expenses)	6,010.12 Euros
Maximum Total (Per Occurrence)	601,012.10 Euros

(2) A copy of the certificate of insurance proving that this insurance has been obtained will be included in all requests for country clearance. Instructions on how to obtain this certificate is provided in paragraphs b and c. Please use the certificate format provided in this package. The contents of the certificate may not be altered unless previously authorized by ODC.

## 2. Procedures:

### a. Third Country Nationals (Lead time for processing is 21 duty days.):

(1) All third country nationals traveling to Spain under DoD sponsorship require country clearance from ODC Spain, including crew members on board U.S. military and DoD chartered aircraft as well as embarked foreign nationals on U.S. ships. Contractors of third country nationality must adhere to procedures set forth in paragraph 2.b below and are not eligible for “designation.” Third country nationals employed by DoD that are traveling to **NS Rota or Moron AB** must complete a Country Clearance Request form. The request will be e-mailed to the point of contact at the unit being visited, who in turn will endorse the visit and forward the document to ODC/CL (Clearance Section) for processing through Spanish authorities. Third country nationals traveling to any other location in Spain on DoD official business should have their DoD contract administrator e-mail the Country Clearance Request directly to ODC for processing. The ODC/CL e-mail address is: [clearance@odcspain.org](mailto:clearance@odcspain.org). Contractors of third country nationality will abide by the procedures listed in paragraph b or c below.

(2) Third country nationals cannot use on-base U.S. billeting facilities. They must billet off-base per the Spanish Government requirement.

### b. Contractor Personnel who are assigned or require access into Spain for less than 90 days within a 180 day period (Lead time for processing is 15 duty days):

(1) This applies to contractor employees (referred to as “tech reps”) who are in Spain for less than 90 days out of a 180 day period, whether consecutive or cumulative, in the execution of a contract with the U.S. forces. This also applies to other non-Spanish personnel requiring

access into Spain to conduct official business with U.S. forces who do not fall under the Status of Forces Agreement. These employees do not have to obtain "DESIGNATION" from the U.S./Spanish Permanent Committee. However, they must request country clearance prior to entry into Spain. Contractors visiting **NS Rota or Moron AB** in support of a DoD contract must obtain a Certificate of Civil Liability Insurance issued in Spain. To obtain the certificate, contractors must contact their insurance provider and instruct them to contact their affiliate in Spain, who in turn will issue the certificate and forward it to the contractor, who will obtain corporate signature. The signed certificate must be e-mailed along with a completed Country Clearance Request form, the Employee Certification (all forms are included at the end of this package), and a statement from the DoD contract administrator validating the visit to the point of contact at the unit being visited, who in turn will endorse the visit and forward the documents to ODC/CL (Clearance Section) for processing through Spanish authorities. Contractors visiting any other location in Spain in support of a DoD contract must follow instructions identified above. However, the Certificate of Civil Liability Insurance, the Country Clearance Request form, the Employee Certification, and the statement from the DoD contract administrator validating the visit will be e-mailed directly to ODC/CL (Clearance Section) for processing through Spanish authorities. The ODC/CL e-mail address is: [clearance@odcspain.org](mailto:clearance@odcspain.org).

(2) Employees who fall under this category cannot use on-base U.S. billeting facilities. They must billet off-base per the Spanish Government requirement.

**c. Contractors or Employees of Non-Profit Organizations (i.e. Red Cross)  
Requiring "DESIGNATION" (Lead time for processing initial designations is 60 days):**

(1) A certificate of designation is granted by the Government of Spain to these individuals when they are in Spain in the execution of a DoD contract and their stay will exceed 90 days (consecutive or cumulative) out of a 180-day period. To obtain designation ODC/SJA (Staff Judge Advocate) Spain must receive a Certificate of Civil Liability Insurance issued in Spain. To obtain the certificate contractors must contact their insurance provider and instruct them to contact their affiliate in Spain, who in turn will issue the certificate and forward it to the contractor, who will obtain corporate signature. Once the certificate is completed, it must be faxed/e-mailed along with a completed Country Clearance Request, the Employee Certification (all forms are included at the end of this package) and a statement from the DoD contract administrator validating the visit to the point of contact at the unit being visited, who in turn will endorse the visit and forward the documents to ODC/SJA for processing through Spanish authorities. All designation renewals for NS Rota will be processed through the Human Resources Office with a 75-day lead time. Designation renewals for Moron AB will be processed by ODC/SJA. The ODC/SJA fax number is (34) 91 544-2805 and the e-mail is [earranz@odcspain.org](mailto:earranz@odcspain.org).

(2) These employees cannot use on-base U.S. billeting facilities at any Spanish installation. They must billet off-base per the Spanish Government requirement.

## **INSURANCE COMPANIES**

**The following list is for information purposes only.** A contractor can use any insurance company to obtain a certificate of insurance as long as the minimum requirements detailed in the certificate format provided in this package are met. The list shows companies that have successfully meet these requirements. The U.S. Forces, ODC Spain, or the U.S. Government does not assume any responsibility for the professional ability or integrity of persons or firms whose names appear in the following list. The list is made available as a service to potential U.S. Forces' contractor companies or others wishing to have information regarding U.S. and Spanish insurance companies that offer liability insurance in the amounts required under Annex 6, Article 5 of the 1989 U.S.-Spain Agreement of Defense Cooperation. The names are listed alphabetically, and the order in which they appear has no other significance.

**ACE American Insurance Company**

525 West Monroe Street  
Chicago, IL 60661  
TEL: 1-800-204-0518  
American Company

**ACE Europe**

**ACE Insurance S.A. NV**

Francisco Gervas 13  
28020 Madrid Spain  
TEL: 91-556-3600 FAX: 91-555-9568  
Avda Clagonal 474  
08006 Barcelona Spain  
TEL: 93-416-1757 FAX: 93-416-1242  
[www.acelimited.com](http://www.acelimited.com)

Belgian Company

Registro Mercantil de Madrid number 6086 book 7095 section 3 vol 1 page 72224

**AIG Europe S.A.**

Orense 68  
Madrid Spain  
Registro Mercantil de Madrid Book General 8026 Section 3a Tomo 9230 Page 173 y176

**Allianz Compania de Seguros y Reaseguros, S.A.**

Paseo de la Castellana 39  
28046 Madrid, Spain  
TEL: 90-223-2629 FAX: 90-253-3639  
Spanish Company  
Registro Mercantil de Madrid, hoja M-6259 folio 1 tomo 3755  
N.I. F. A-2A807346

**American International Group Company**

**P. B. Brokerage Agency, Inc**

15 Union Avenue  
Rutherford, New Jersey 07070  
American Company

**Aon Gil y Carvajal, S.A.**

**Correduria de Seguros**

Meila Lequetica 8  
28004 Madrid, Spain  
TE: 34-91-309-9309 FAX: 34-91-447-5177  
Spanish Company  
Registro Mercantil de Madrid, hoja 7040 folio122 tomo 1577  
N.I.F. A-28 109247

**Chubb Insurance**

Paseo de la Castellana 41, 6  
28046 Madrid, Spain  
TEL: 91-308-3468  
American/Spanish Company

Registro Mercantil de Madrid, no 7008 book 95 section 3 volume 8080 page 78057  
C.I. F. A-0021155G

**Great Northern Insurance Company** (a subsidiary of Chubb Insurance)  
15 Mountain View Road  
Warren, New Jersey 07059  
American Company

**La Compania de Seguros BANCO VITALICIO de ESPANA  
Anonima de Seguros y Reaseguros**  
Paseo de Gracia 11  
08007 Barcelona, Spain  
Sucursal Cadiz  
Avda de Andalucia 10  
11008 Cadiz, Spain  
TEL: 95-627-1827 FAX: 95-627-1762  
Spanish Company  
Registro Mercantil de Barcelona, hoja 3696 folio 92 tomo 3954

**La Compania de Seguros CATALANA OCCIDENTE, S.A.  
De Seguros y Reaseguros**  
Av. Alcalde Barnils  
S/n 08190  
Sant Cugat del Valles (Barcelona)  
TEL: 93-582-0500  
Spanish Company  
Registro Mercantil de Barcelona, hoja B-16851 folio 1 tomo 21123  
N.I.F. A-08 168 064

**La Compania de Seguros GOTHAR VERSICHERUNGSBANK VvaG**  
Calle Francisco de Rojas 12  
28010 Madrid, Spain  
TEL: 593 90 25  
German Company  
Registro Mercantil de Madrid hoja 85835-1 folio 199 tomo 9056  
N.I. F. G-0041398-1

**La Compania de Seguros PLUS ULTRA  
Compania Anonima de Seguros y Reaseguros**  
Plaza de las Cortes 8  
Madrid, Spain  
TEL: 91-589-9292  
Spanish Company  
Registro Mercantil de Madrid, hoja M-12,667 folio 1 tomo 586

**Reliance National Insurance Company (Europe) Limited  
Sucursal en Espana**  
Plaza de la Castellana 21, 1 IZDA  
28046 Madrid, Spain  
TEL: 91-308-0501 FAX: 91-308-5904

Registro Mercantil de Madrid, hoja M-156258 folio 33 tomo 9725  
C.I. F. A-48168074

**Sabadell Aseguradora**  
**Compania de Seguros y Reaseguros, S./A.**  
Gran Via 71 8 IZDA  
Madrid, Spain  
Avda Francesca Macia 54  
Spanish Company  
Registro Mercantil de Barcelona folio 110 tomo 23395

**Security Insurance Company of Hartford**  
2959 Monterey-Salinas Highway  
Monterey CA 93940  
TEL: 831-649-5522  
American Company

**COUNTRY CLEARANCE REQUEST**  
**(Do not use abbreviations where indicated by an asterick)**

1. What are the installation(s) to be visited, what are the inclusive dates of visit, and who are the DoD points of contact at each location?			2. Type of visit:  ٱ Temporary Visit: Visitor will be staying at location less than 90 days.  ٱ Designation: Visitor will be staying at location for more than 90 or will be residing at location in the performance of a contract		
UNIT & LOCATION	DATES OF VISIT	NAME & TELEPHONE OF DoD POINT OF CONTACT			
4. Name of visitor <i>(Last name, first name, full middle name spelled out)</i>			5. Date of Birth		7. Nationality
			6. Place of Birth		8. Passport No.
10. Place of ordinary residence, if not a U.S. citizen:					9. SSAN
11. * Name of company, company nationality, and company mailing address <i>(Include telephone and fax numbers)</i> :			12. Position Title:		
			13. *Brief Job Description <i>(i.e., repair F-16 radar)</i>		
14. *Type of contract with U.S. or Spanish Forces <i>(i.e. construction or services)</i> . Include contract number, if available.			15. Estimated duration of job in Spain:		
			16. Place of performance of contract in Spain:		
17. *Purpose and duration of contract:					
18. Information on dependents for designation, if applicable					
Name of dependent(s) <i>(Last name, first name, full middle name)</i>	Relationship	Nationality	SSAN	Passport Number	Date of Birth

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 8012; Title 5, U.S.C. Chap 57, subchapter 1 and EO 9397

PRINCIPAL PURPOSES: Used to request access and/or designation. SSAN is used to make positive identification of military and civilian personnel.

ROUTINE USES: Becomes record copy of request for access and/or designation, procures approval for request, as applicable. Depending on type of request, may or may not become a permanent record.

DISCLOSURE IS VOLUNTARY: However, without this information and SSAN ODC Spain cannot act on a request for access and/or designation.

## Certificate of Insurance

**CERTIFICATE OF INSURANCE COVERAGE OF THE CIVIL LIABILITY REFERRED TO UNDER ARTICLE 5 OF ANNEX 6 TO THE AGREEMENT BETWEEN THE KINGDOM OF SPAIN AND THE UNITED STATES OF AMERICA ON COOPERATION FOR THE DEFENSE, SIGNED THE 1<sup>st</sup> OF DECEMBER 1988.**

The insurance Company \_\_\_\_\_ with legal domicile in \_\_\_\_\_ Tel: \_\_\_\_\_  
of Spanish/US nationality, registered in the Mercantile Registry of \_\_\_\_\_  
Date: \_\_\_\_\_, Number \_\_\_\_\_, Book: \_\_\_\_\_, Section \_\_\_\_\_, Volume \_\_\_\_\_, Page \_\_\_\_\_.

### **CERTIFIES**

That (insert contractor company name) of \_\_\_\_\_ nationality has contracted with this company Policy Number \_\_\_\_\_ of civil liability against damages to persons or property which could arise from actions or omissions committed by any of their employees in the performance of their official functions/professional activities in Spain because of the contracts signed with U.S. Forces, and during the visit which, in respect of such contract, they may make to Spain, according to the general conditions in force for this type of insurance and also to the special conditions created for this purpose in the Spanish-U.S. Permanent Committee; that said company has paid the premium according to the agreed conditions; and that such Policy is in force.

The Policy establishes as coverage of the mentioned risks the following amounts:

#### **INDEMNITY LIMITS:**

- For casualty: -----601,012.10 Euros

With the following sub-limits for each injured person:

- For personal liability:-----90,151.82 Euros

- For property damage:----- 60,101.21 Euros

- For Judiciary Bond:----- 6,010.12 Euros

The granted coverage is effective from \_\_\_\_\_ through \_\_\_\_\_, and does not include any type of franchise, or similar limitation, to be deducted from the mentioned guarantees or any clause which requires the submission to any type of arbitration. The underwriting insurance company considers that the established amounts adequately cover the insured risks.

The policy sets forth the following clauses:

1. “The insurance company waives any right of subrogation against the United States of America which may arise by reason of any payment under this Policy.”

2. “The parties hereto explicitly agree to submit to the jurisdiction of the Spanish Courts of Law and to the Spanish Laws to settle any matter related to the construction or enforcement of the clauses and conditions of this Policy.”

IN WITNESS HEREOF, the present document is signed in \_\_\_\_\_,  
on the \_\_\_\_\_ of \_\_\_\_\_ 2.0 \_\_\_\_\_

\_\_\_\_\_  
For the Insured Company (*signature*)

\_\_\_\_\_  
For the Insurance (*signature*)



**(Courtesy Translation)**  
**Certificado de Cobertura de Seguro**

**CERTIFICADO DE COBERTURA DE SEGURO DE LA RESPONSABILIDAD CIVIL A QUE SE REFIERE EL ARTICULO 5 DEL ANEXO 6 AL CONVENIO ENTRE EL REINO DE ESPAÑA Y LOS ESTADOS UNIDOS DE AMERICA SOBRE COOPERACION PARA LA DEFENSA, FIRMADO EL DIA 1 DE DICIEMBRE DE 1988.**

La Compañía de Seguros \_\_\_\_\_ con domicilio social en la Calle/Avda./Pla. \_\_\_\_\_, Tlfo.: \_\_\_\_\_, de nacionalidad española/norteamericana, inscrita en el Registro Mercantil de \_\_\_\_\_, fecha \_\_\_\_\_, Número \_\_\_\_\_, Libro \_\_\_\_\_, Sección \_\_\_\_\_, Tomo \_\_\_\_\_, Folio \_\_\_\_\_.

**CERTIFICA:**

Que \_\_\_\_\_ (nombre de la empresa), de nacionalidad \_\_\_\_\_, tiene suscrita con esta Compañía la Póliza número \_\_\_\_\_, de responsabilidad civil contra daños a personas y cosas que pudieran derivarse de acciones u omisiones realizadas por sus empleados en el desempeño de sus funciones oficiales/actividades profesionales en España con ocasión de su contrato con las Fuerzas de los EE.UU. y con la visita que en relación con dicho contrato realicen sus empleados a España, según las condiciones generales vigentes para este tipo de seguros y además las condiciones especiales elaboradas a este fin en el Comité Permanente Hispano-Norteamericano; habiéndose satisfecho la prima según las condiciones pactadas, y encontrándose dicha Póliza en vigor.

La Póliza establece como cobertura de los riesgos mencionados las siguientes cuantías:

**LIMITES DE INDEMNIZACION:**

- Por siniestro: ----- 601.012,10 Euros

Con los siguientes sublímites por perjudicado:

- Por daños personales:----- 90.151,82 Euros

- Por daños materiales: ----- 60.101,21 Euros

- Por fianzas judiciales:- \_----- 6.010,12 Euros

Las coberturas otorgadas son efectivas desde el \_\_\_\_\_, hasta el \_\_\_\_\_, no incluyéndose en las mismas ningún tipo de franquicia o limitación similar a deducir de las garantías indicadas ni ninguna disposición que requiera la sumisión a cualquier tipo de arbitraje. La Compañía aseguradora que suscribe considera que las cuantías establecidas cubren adecuadamente los riesgos asegurados.

La Póliza establece las siguientes cláusulas:

1. “La Compañía Aseguradora renuncia a cualquier derecho de subrogación contra los Estados Unidos de América que pueda provenir por razones diferentes a pago, bajo la Póliza epígrafiada.”

2. “Las partes se someten expresamente a la jurisdicción de los tribunales españoles y al derecho español para resolver cualquier cuestión relativa a la interpretación o aplicación de las cláusulas y condiciones de la Póliza.”

Y para que conste a los efectos oportunos, se firma el presente en \_\_\_\_\_ a \_\_\_\_\_ de \_\_\_\_\_ 2.0\_\_\_\_\_.

\_\_\_\_\_  
Tomador:

\_\_\_\_\_  
Asegurador:

## Employee Certification

Date:

To Whom It May Concern:

This is to certify that the individuals listed below are employees of     (insert name of company)     and are covered for civil liability purposes under Policy Number     (insert policy number)     taken out with     (insert name of insurance company)    , copy of which is attached.

Said employees will be in Spain:

☐

In the performance of contract number     (insert contract number)    .

☐

To conduct a site survey for the awarding of a contract.

☐

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_.

**Name**

**Nationality**

**Passport Number**

Signed: (insert corporate signature and title)